

- Speed, range, and payload expand capabilities beyond the limits of helicopter technology.
- Self deployable worldwide, ferry range of 2,100 NM with one aerial refueling.
- Can fly at speeds from hover to 300 knots, cruises at 250 knots.

- Increased speed, maneuverability and reduced vulnerability make it much more survivable in combat than the helicopters it is replacing.

- Carries up to 24 fully combat loaded Marines internally or 10,000 pounds externally.
- Performs missions relevant to post Cold War era:

- Amphibious landing
- Noncombatant evacuation
- Tactical recovery of aircraft and personnel
- Humanitarian relief
- Transporting troops into combat
- Long-range special operations night/all weather

Provides all the above faster from further distances with more survivability than a helicopter

SCHEDULE

- Marine Medium Tiltrotor Training Squadron (VMMT-204) designated June 1999
- Initial operational capability for the Marine Corps—2001
- First USMC fleet squadron scheduled deployment—2003
- USAF Initial operational capability—2004
- Service buys: Marine Corps 360 MV-22s, Air Force 50 CV-22s, Navy 48 HV-22s

1830

ARMENIAN GENOCIDE COMMEMORATION

The SPEAKER pro tempore (Mrs. WILSON). Under a previous order of the House, the gentleman from New Jersey (Mr. MENENDEZ) is recognized for 5 minutes.

Mr. MENENDEZ. Madam Speaker, every year we come to the House floor to commemorate and pay tribute to the 1.5 million victims of the Armenian Genocide. Sadly, 85 years after the tragedy began, Turkey still refuses to recognize the Armenian Genocide and apologize for the atrocious acts it committed. Since 1923, Turkey has denied the Armenian Genocide despite overwhelming documentation, and since 1923 there has been no justice for the victims and the families of the victims of the Armenian Genocide.

To those who continue to resist the truth, I can only believe that they have chosen to ignore the hard evidence or to indulge their shame by ignoring the facts. Like the Holocaust, denying the Armenian Genocide cannot erase the tragedy, the lives that were lost, or compensate for driving people from their homeland. For the people of Armenia, the fight continues today, particularly for the Armenians of Nagorno-Karabagh, who are impacted by modern day Turkey and Azerbaijan's aggression toward Armenia in the form of the Azeri blockade against Nagorno-Karabagh. But their actions are not without consequences.

I believe the Congress will continue to provide assistance to the people residing in Nagorno-Karabagh, and we will continue to uphold section 907 of

the Freedom Support Act that denies assistance to Azerbaijan until they end their stranglehold on Nagorno-Karabagh. Our message to Turkey and Azerbaijan must be loud and clear. We will not stand by as you once again seek to threaten the Armenian people.

For my part, I will continue to support assistance to improve the lives of all Armenians; I will continue to remember those who have lost their lives, and continue to commemorate this somber occasion. Lastly, I will continue to hold the Turkish and Azeri governments responsible for their actions past and present. For this reason, I have joined as a cosponsor of House Resolution 398, commemorating the genocide and calling on the President to characterize in his annual message commemorating the Armenian Genocide, the systematic and deliberate annihilation of 1.5 million Armenians as genocide and to recall the proud history of the United States intervention in opposition to that genocide.

I am hopeful that we will see the day when peace, stability, and prosperity are realized for the people of Nagorno-Karabagh and for all Armenians. But until then, the United States Congress must continue to be on the side of what is right, what is just and continue to assist to make sure that history does not repeat itself.

PRESCRIPTION DRUGS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentlewoman from Michigan (Ms. STABENOW) is recognized for 60 minutes as the designee of the minority leader.

Ms. STABENOW. Madam Speaker, I come today to talk about what I believe is one of the most challenging if not the most challenging issues affecting our seniors and affecting many families across the country. This was spoken to a while ago by the gentleman from Arkansas (Mr. BERRY), who spoke very eloquently about the challenges of seniors related to the cost of prescription drugs.

What we have seen over the years is a system that started in 1965 under Medicare that has been a great American success story. In 1965, half of our seniors could not find insurance or could not afford health care insurance. Now we have a system for health care for seniors. The challenge before us is that health care has changed, the way we provide health care has changed. In 1965 we were predominantly providing health care in hospitals with surgeries, and the use of drugs was limited to the hospital.

Today, we know that care has changed; and we see home health care, we see outpatient care, and a great reliance on new prescription drugs, wonderful medications that we are very pleased and proud to have developed in the United States. But at the same time we are seeing a growing disparity and a horrible situation for too many

seniors who literally on a daily basis are deciding do I buy my food today, do I get my medications, do I pay the electric bill, how can I keep going and remain healthy and well by having access to my medications? Because Medicare does not currently cover the costs of prescription drugs.

I rise today to urge my colleagues as quickly as possible, we are long overdue, in correcting this problem. We have economic good times. There is no reason that we cannot at this time get it right for Medicare, modernize Medicare, to cover the way health care is provided today; and that means covering the cost of prescription drugs. We are in economic good times, and I believe in these times we have obligations to pay our bills and pay our debts and to keep our commitments.

One of the most important commitments that we have made to older Americans is Medicare, health care for them. Social Security is another commitment, health care for our veterans, all important commitments that we have made. But because of the challenge that I have heard from too many of my constituents all across Michigan, I began months ago putting together something called the Prescription Drug Fairness Campaign. I have asked seniors and families to share with me their stories, if they are having difficulty paying for their medications to call a hotline that I set up for them to share their stories with me, or for them to send me letters and copies of their high prescription drug bills so that we can put a real face and a name and a situation on this problem.

This is not an issue made up by people on the floor of this House or by other politicians. This is an issue that is real for every senior and every family in this country. One of the things that disturbs me the most is the fact that we see such a disparity in pricing. As the gentleman from Arkansas mentioned earlier, we have a situation where if you go to another country, in my State we are right next to Canada in Michigan, I included a bus trip, I invited a number of seniors to join me, to go across the Ambassador Bridge from Detroit to Windsor; and we dropped their costs by 53 percent by crossing the bridge.

There is something wrong when there can be such a disparity. And when you add to that the fact that we are precluded by American law from bringing those drugs, mail order or bringing those medications routinely across the border without seeing a Canadian physician first and going through the Canadian process, we cannot reimport those drugs back into the United States, American-made FDA approved, because of protections that were put into the law in 1987 to protect our own pharmaceutical drug companies who are making the drugs here and benefiting from our research and development and the institutions that we have, the tax system we have that provides tax incentives and tax write-offs,